

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007506

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 719

STATE FILE NUMBER

FILED FEB 28 1962

1. PLACE OF DEATH

a. COUNTY

Polk

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Bolivar

Length of stay in 1b

61 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION McCraw-Koon Clinic

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Polk

c. CITY
OR
TOWN Bolivar

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Route 2

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Walter

Franklin

Durham

4. DATE
OF
DEATH

Month

Day

Year

Feb.

20

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/6/1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter & Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Bolivar, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Samuel I. Durham

13b. MOTHER'S MAIDEN NAME

Nora Belle Durham

14. NAME OF HUSBAND OR WIFE

Gladys Durham, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Franklin Durham

Bolivar, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

20 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 20, 62, to Feb 20, 62 and last saw her alive on Feb 20, 62
Death occurred at 10:00 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/24/62

23c. NAME OF CEMETERY OR CREMATORY

Slagle Cemetery

23d. LOCATION (City, town, or county)

RFD - Bolivar Polk Mo.

24. FUNERAL DIRECTOR

ADDRESS

Bolivar, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 23, 1962

26. REGISTRAR'S SIGNATURE

Ralph Gordon Jewell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.